PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

15.1

09885204

CLAIMS AS FILED - PART I (Column 1) (C						nn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10				ſ	RATE :	FEE."		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/0 minus 20=		• 8			X\$ 9=	-	OR	X\$18=	
INDEPENDENT CLAIMS 3 minus 3 =					B			., X40=		OR	X80=	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column									اسماس جو		TOTAL	
		, 3d		3 55	JOIN.	OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL E		OR	SMALL	13
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total		Minus	**		= ()		X\$ 9=		OR	X\$18=	
ME	Independent	数 表示。	Minus	***				X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	
			TOTAL		ÁD	TOTAL						
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	- N	CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**.		= .	╽	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=	্লু হৈছে	OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						၂	+135=		OR	+270=	
		•						TOTAL	`	ÖR	TOTAL	
,		(Column 1)	•	(Colu	ımn 2)	(Column 3		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	٦ı	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	the state of	OR	X\$18=	territoria.
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_} }				+270=	
	If the entry in colu	mn 1 is less than t	the entry in col	umn 2, wri	ite "0" in co	lumn 3.		+135= TOTAL	,	OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

NOTICE OF FEE DUE

DATE:	08-18-03			
TO:	1651			
FROM:	Office of Initial Patent Examina	ation		
SUBJECT:	: Fee Due			
APPLICAT	TION NUMBER: <u>09/88</u> 5	204		
Office for t authorization	e for the attached document subrate following reason. Please che on to charge a deposit account. I appropriate fee. If an authorizaticiency.	ck the application	on for the appropriate on is present, please	
□ Insuffic	cient fee by check			
☐ Insuffic	eient funds in deposit account		REO	
□ Decline	ed credit card		RECE AUG 2 2 TECH CENTER 18	IVED
□ Non aut	thorization for charge to deposit	account	TECH CENTER 16	CO 2900
□ No fee s	submitted per requirement *			
The correct	t fee code: <u>9254</u>	amount	s 465	
The suspen	nded fee code: 19 39	amount	- \$	
Fee Due		amount	=\$ 465	_
•	any questions, please contact Cyrtz at 703-308-3642.	ynthia Streater a	t 703-306-5430 or	
Геrminal Оյ	perator		<u></u>	